

# Miller Family Health Education Center

## EVENT REQUEST FORM

(SUBMIT AT LEAST 7 DAYS BEFORE EVENT – Fax (562) 570-8124 Attn: Shawna Stevens)

### Requestor Information

Today's Date \_\_\_\_\_  
Requestor's Name \_\_\_\_\_  
Agency/Program \_\_\_\_\_  
Type of Event \_\_\_\_\_  
Date of Event \_\_\_\_\_  
Time of Event \_\_\_\_\_ to \_\_\_\_\_  
# of Attendees \_\_\_\_\_

### Event Location

\_\_\_\_\_ Multicultural Pavilion East & West\*  
\_\_\_\_\_ Multicultural Pavilion East\*  
\_\_\_\_\_ Multicultural Pavilion West\*  
\_\_\_\_\_ Multipurpose Room\*

\*Event location must be reserved via Lotus Notes  
or email with approval from **Shawna Stevens** –  
[shawna\\_stevens@longbeach.gov](mailto:shawna_stevens@longbeach.gov) or (562) 570-7901

### Special Requests

(LCD projector, Cable TV/VCR/DVD, microphone(s), videoconferencing equipment,  
teleconferencing equipment, interpretation equipment, refreshment or registration tables, laptop)

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### Room Setup (Please refer to attached diagrams)

☐ Option A    ☐ Option B    ☐ Option C    ☐ Option D

**POSTING OF FLYERS ON FACILITY WALLS, DOORS OR WINDOWS PROHIBITED  
PLEASE USE EASELS TO DISPLAY POSTERS AND PRESENTATION MATERIALS**

.....  
**Administrative Use**

Approval Date \_\_\_\_\_

Approved

☐ YES    ☐ NO

\_\_\_\_\_  
Signature

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Option A - Theater



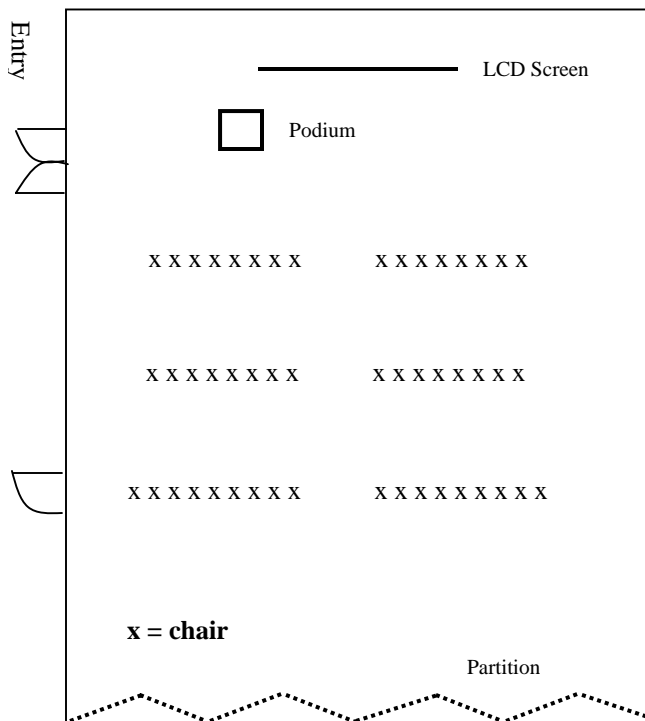
**Capacity: 80**

**Capacity: 40**

**Capacity: 100**

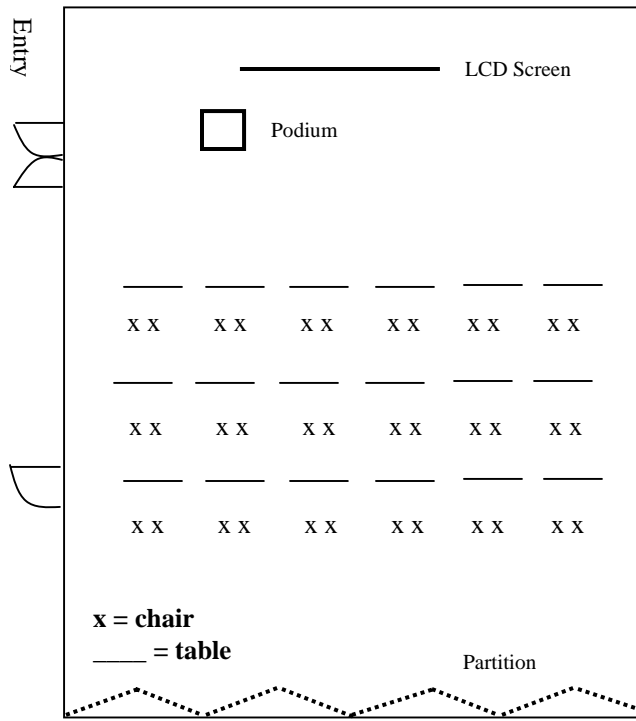
# Multicultural Pavilion Setup Options (West Room)

## Option A - Theater



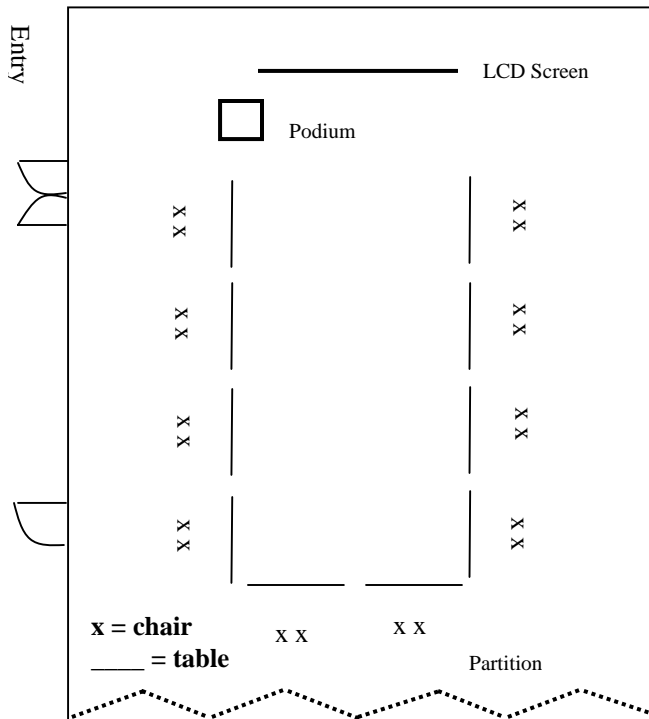
Capacity: 50

## Option B - Classroom



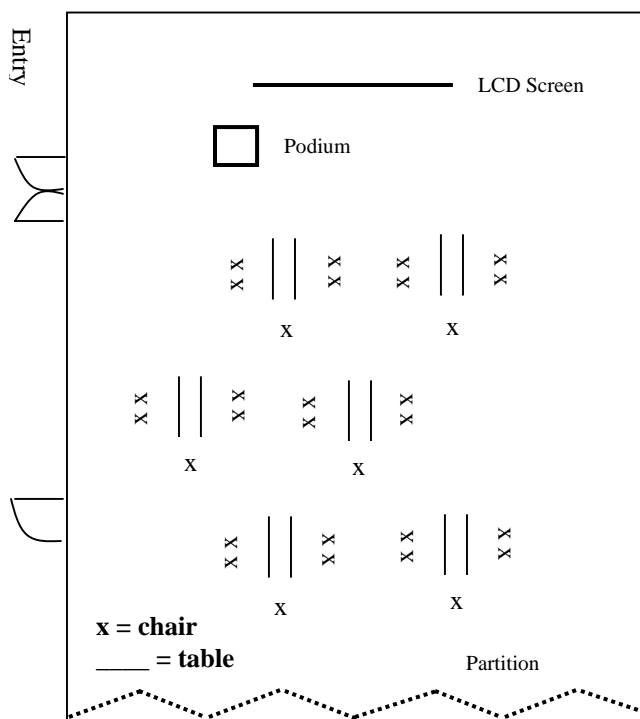
Capacity: 40

## Option C - Meeting



Capacity: 20

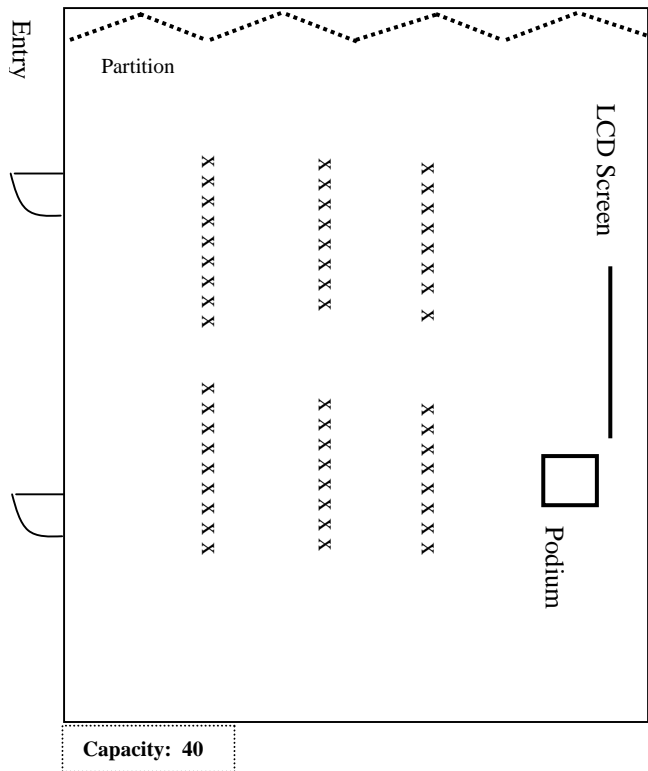
## Option D - Banquet



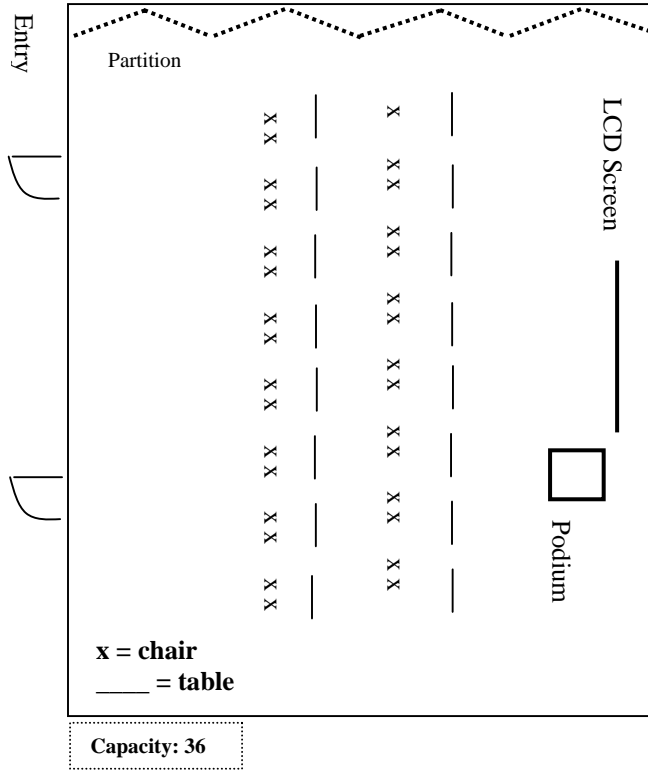
Capacity: 30

Multicultural Pavilion Setup Options (East Room)

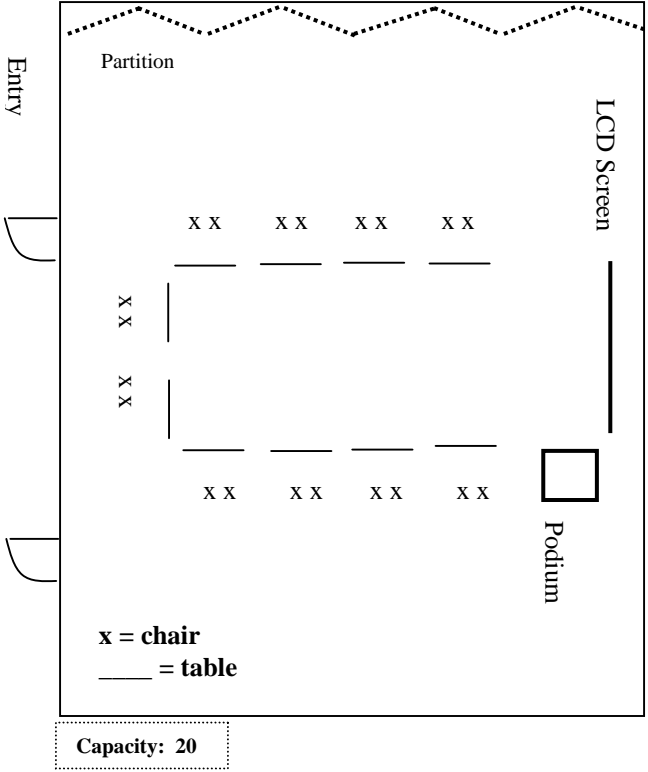
Option A - Theater



Option B - Classroom



Option C - Meeting



Option D - Banquet

